



Ector County Independent School District  
 802 N. Sam Houston  
 PO Box 3912  
 Odessa, TX 79760

**Ector County Independent School District  
 Off-Campus Physical Education Program  
 Individual Training Plan**

(Must be completed by the approved OCPE Agency Coordinator only)

Agency site name where the student will be participating: \_\_\_\_\_

Address of where student will be participating (Include alternative address if appropriate)

OCPE Agency Coordinator's Name \_\_\_\_\_

Student's Instructor (if different than OCPE Agency Coordinator) \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Student's School \_\_\_\_\_

Fall Semester \_\_\_\_\_ Spring Semester \_\_\_\_\_ Category I (High School Only) \_\_\_\_\_ Category II \_\_\_\_\_

**OCPE Agency Coordinator must supply one of the following for students applying for Category I**

- A copy of the entry form for Olympic or national participation/completion
- A publication which verifies this student's Olympic or national athletic status or rank
- A copy of this student's Olympic or national athletic certification, which verifies their status or rank

The OCPE Agency Coordinator must fill out the following schedule for the participant to verify at least 5 hours of required participation for Category II or at least 15 hours of required participation for Category I.

Days of the Week	Site Name	Number of Hours of Participation
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
<b>Total Hours of Participation</b>		

Signature of OCPE Agency Coordinator

Date

*Completed packets must be turned into the Instructional Support Services Office on or before the 2 weeks before first day the fall or spring semester. There will be no exceptions for late or incomplete applications.*